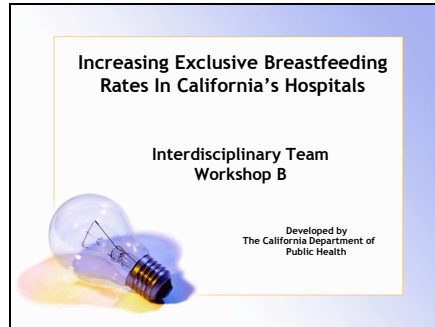


Slide 1



Read slide.

Read note:

Welcome to today's session entitled "Increasing Exclusive Breastfeeding Rates in California's Hospitals, Interdisciplinary Team Workshop B." My name is _____, I am your facilitator for today.

The reason you are here today is because you are part of the interdisciplinary team at your hospital or birthing center with responsibility for implementing steps to increase exclusive breastfeeding rates.

By a show of hands, how many of you were with us during Workshop A?

Slide 2




Read note:

Let's begin the session with a warm-up activity. Please stand, walk around the room and either identify or select an object that reflects your role as a member of your Interdisciplinary Team. Return to your seats once your object is identified.

Beginning with the person to your immediate left, ask them to state:

- Their name and representing hospital.
- How long they have been a member of their hospital's Interdisciplinary Team.
- The chosen object and how it reflects their role on the team.

Slide 3



Objectives

By the end of this session attendees will have:

- Reviewed progress on Steps 1 & 2 of the Ten Steps to becoming Baby-Friendly
- Analyzed Steps 3-10
- Identified potential barriers and strategies to overcome barriers
- Started developing an action plan for all Ten Steps to becoming Baby-Friendly

Read slide.

Slide 4



Agenda

- I. Overview of Last Session
- II. Progress on Baby-Friendly USA Steps 1 & 2
- III. Baby-Friendly USA Steps 3-10
- IV. Action Plan



Read note:

Today, we will review the Baby-Friendly Ten Steps that can be used to increase breastfeeding rates at your hospital or birthing center whether you are pursuing official Baby-Friendly Designation at this point or not.


We recognize that each facility needs to approach them in the order that makes most sense to them.

Some of you may have had more experience with some of the Baby-

Friendly Steps than others. This workshop was designed so that we can learn from each other.

Read slide.

Slide 5



Workshop A Review


- I. Background
- II. Fiscal Impact of Increasing Breastfeeding Rates
- III. Advantages of Increasing Exclusive Breastfeeding Rates
- IV. National Rates and Guidelines
- V. California Rates and Guidelines
- VI. What Can Hospitals Do?
- VII. Options for Increasing Rates

Read note:

The first training covered the topics listed on this slide and the next.

Read slide.

Slide 6



Workshop A Review

- VII. Baby-Friendly Hospital Initiative
- VIII. Baby-Friendly Steps 1 & 2
- IX. Costs of Becoming Baby-Friendly
- X. How Long Does It Take?
- XI. Initiating Change
- XII. Hospital Self-Appraisal
- XIII. Action Plan Development

Read slide.

Slide 7



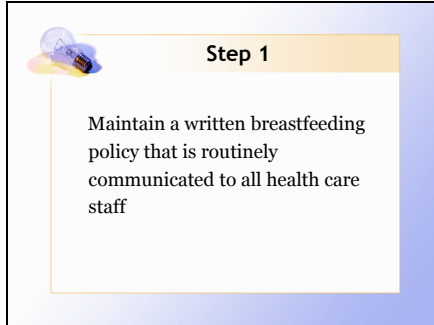
Read slide.

Read note:

Please find in your handouts “The Ten steps to Successful Breastfeeding for Hospitals” to keep in front of you as we discuss the Ten Steps.

Much of the information provided today is based on the document *Overcoming Barriers to Implementing the Ten Steps to Successful Breastfeeding* which can be found on the Baby-Friendly USA website. The website is listed on this slide and in your Reference List.

Slide 8



Step 1

Maintain a written breastfeeding policy that is routinely communicated to all health care staff

Read slide.

Read note:

We discussed Step 1 in Workshop A. You worked on an action plan and listed at least one action item. Please pull out your Action Plan from Workshop A.

For those of you who did not attend workshop A, see if one of your neighbors will share their action item with you.

Slide 9



Progress Report

- ◆ How is policy development and implementation going in your hospital?
- ◆ How did implementation of your first action item go?
- ◆ What barriers have you encountered?
- ◆ What strategies did you use to overcome any barriers?

Read slide.

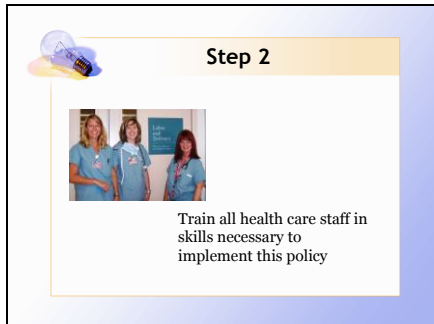
Read note:

Turn to the person next to you and answer the questions on the slide.


Facilitator Instructions:

After discussion, ask for volunteers to share solutions that have worked in their facility.

Slide 10



Step 2



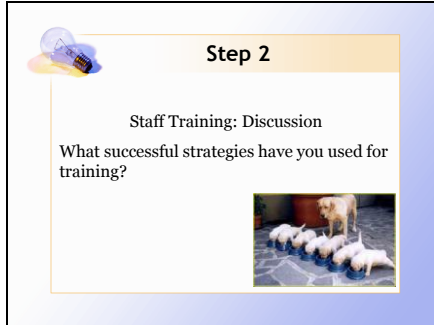
Train all health care staff in skills necessary to implement this policy

Read slide.

Read note:

We also discussed Step 2 in detail during Workshop A and you developed an action item.

Slide 11



Step 2

Staff Training: Discussion

What successful strategies have you used for training?

Read slide.

Read note:

In your groups, discuss some of the strategies that have been most useful to you when providing staff training. Record on flip chart paper.

Facilitator instructions:

Have groups report to the larger group and add suggestions that have not been previously mentioned by the other groups. Post flip chart papers around the room for review during breaks.

Read note:

Ask “What questions do you have about the strategies?”

Slide 12



Baby-Friendly USA Steps

Step 3 Inform all pregnant women about the benefits and management of breastfeeding

Step 4 Help mothers initiate breastfeeding within one hour of birth


Step 5 Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants

Read note:

Next, we will look at steps 3-5.

Read slide.

Slide 13



Group Discussions

- Review step and purpose
- Discuss and record anticipated
 - ◆ Challenges
 - ◆ Corresponding successful strategies

Facilitator Instructions:
Assign Baby-Friendly USA Steps 3-5 to tables. Place a sign with one step number and description on each table.

Have attendees choose a Baby-Friendly step, and move to the table with the step they want to discuss.


Each group should assign a recorder and reporter. Instruct them to list anticipated barriers and related successful strategies on flip chart paper.

Have each group report their barriers and successful strategies and post on walls.

(Allow 20 – 30 minutes for group work.)


Read slide.

Slide 14



Step 3

Inform all pregnant women about the benefits and management of breastfeeding



Read note:

Now we will review the steps we just discussed using the information from Baby-Friendly USA to add any information not mentioned in the discussion.


Read slide.

Slide 15

Step 3

Purpose

To assure the integration of messages about breastfeeding into all prenatal education interchanges




Read slide.

Slide 16

Step 3

Criteria

All women delivering in the facility will have received consistent, positive messages about breastfeeding through prenatal education




Read slide.

Slide 17

Step 3

Common Barriers

- ❖ Inconsistent messages about breastfeeding during prenatal care
- ❖ Limited attendance at prenatal education programs



Read slide.

Slide 18



Read slide.

Read note:

Next, we will discuss in more detail some of the strategies to overcoming barriers to Step 3.

Slide 19

Step 3

Overcoming Barriers

- ◆ Find ways to fit new breastfeeding information into existing prenatal information
- ◆ Develop a prenatal booklet about breastfeeding that can be distributed to all affiliated prenatal care practitioners
- ◆ Develop talking points for obstetric care visits so parents will hear it several times


Read slide.

Slide 20

Step 3

Overcoming Barriers

- ◆ Position education resources in strategic areas
- ◆ Weave infant feeding education into regular childbirth classes




Read slide.

Slide 21

Step 3

Strategies

Invite other community breastfeeding program staff to provide education on-site




Read slide.

Slide 22

Step 3

Action Plan Development





Read slide.

Read note:

Please sit with staff from your hospital and take out a blank "Action Plan" form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 3. (Allow 10 minutes for group work.)

Slide 23

Step 4



Help mothers initiate breastfeeding within one hour of birth


Read slide.

Slide 24

Step 4

Purpose

To assure the early initiation of skin-to-skin contact and breastfeeding



Read slide.

Slide 25

Step 4

Criteria

- ♦ All healthy, full-term babies should be placed in their mothers arms, skin-to-skin, within the first half-hour after birth, and held there for at least an hour
- ♦ After cesarean birth, babies should be placed, skin-to-skin, in their mother's arms within a half-hour of mother's ability to respond to her baby
- ♦ Staff should offer assistance with learning baby cues during this time

Read slide.

Read note:


Refer to your Reference List, under Step 4, for online materials regarding baby cues. These are from the California Department of Public Health, Women, Infants and Children (WIC), California Baby Behavior Campaign.

Slide 26

Step 4

Importance of Skin-to-Skin

- ♦ The normal infant has a strong suck reflex during the first 20-30 minutes after birth
- ♦ Disturbing the mother and infant during this time can make it difficult for the infant to learn the suckling process



www.cdph.ca.gov

Read slide.

Slide 27

Step 4

SOFT Approach

Purpose: Increase the number of babies placed skin-to-skin in the first 2 hours following birth.



Carol Melcher MPH, RN, BS

www.softhospital.com

Read slide.

Read note:

The SOFT approach was developed by the Perinatal Services Network, Loma Linda University, and local hospitals, as referred to in Workshop A. They developed this tool when they collaborated to institute change on a county-wide level. The 1996 California State Breastfeeding Report showed that San Bernardino County had low in-hospital breastfeeding rates. Although skin-to-skin care had been shown to improve early breastfeeding, the hospitals in San Bernardino County were not practicing skin-to-skin care. They formed a community collaborative which led to 11 hospitals receiving Baby-Friendly certification. This resource is in your Reference List.

Slide 28

Step 4

SOFT Approach

- S** Skin-to-Skin
- O** Open Eye-to-Eye
- F** Fingertip Touch
- T** Time Together



Read note:

The SOFT acronym, introduced in 2000 is used as a documentation tool to give perinatal care providers an easy way to remember the principles of bonding and attachment.

S= Skin-to-skin. Infant is naked on mother's naked chest and there is no bedding or clothing between them for 1 continuous hour within first three hours of life. Skin-to-skin care ensures that the infant is in the right environment to behave in a way that supports attachment.

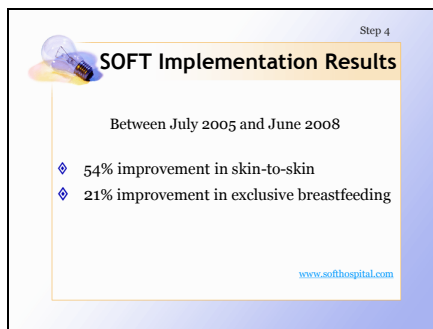
O= Open Eye-to-Eye. Both

mother and infant have eyes open and are making eye contact with each other at a distance no greater than 12 inches. This allows for communication between the alert and engaged mother-infant pair.

F = Fingertip Touch. Mother explores infant with her fingertips. This behavior takes place when the mother is relaxed and in an exploratory mood.

T = Time Together. Mother is given time to hold her unwrapped infant in an unhurried and uninterrupted environment. Providing time gives value to these behaviors.

Slide 29



Step 4

SOFT Implementation Results

Between July 2005 and June 2008

- ◆ 54% improvement in skin-to-skin
- ◆ 21% improvement in exclusive breastfeeding

www.softhospital.com

Read note:

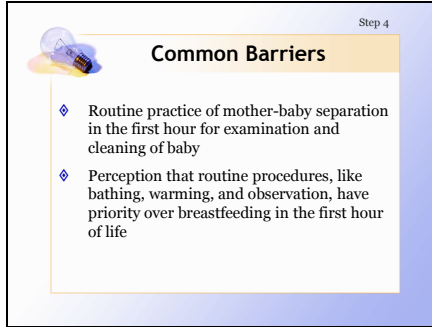
The 10 hospitals in the San Bernardino Perinatal Services Network documented significant improvements as a result of implementing the SOFT approach through their community collaborative.

Read slide.

Read note:

Please turn to your groups and briefly discuss the SOFT Approach and how it can be adopted by your facility. If you already are using SOFT, discuss successful implementation strategies with group members.

Slide 30



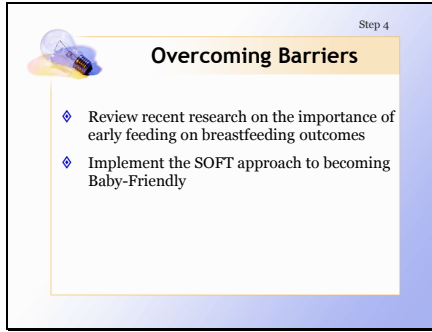
Slide 30 is titled "Common Barriers" and is labeled "Step 4" in the top right corner. It features a lightbulb icon in the top left. The slide lists two barriers to breastfeeding:

- ◆ Routine practice of mother-baby separation in the first hour for examination and cleaning of baby
- ◆ Perception that routine procedures, like bathing, warming, and observation, have priority over breastfeeding in the first hour of life

Read note:
These are some of the challenges that you may already have discussed in your groups.

Read slide.

Slide 31

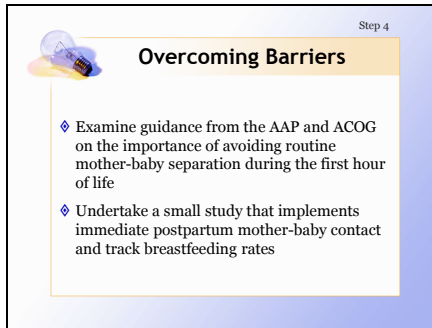


Slide 31 is titled "Overcoming Barriers" and is labeled "Step 4" in the top right corner. It features a lightbulb icon in the top left. The slide lists two strategies to overcome barriers:

- ◆ Review recent research on the importance of early feeding on breastfeeding outcomes
- ◆ Implement the SOFT approach to becoming Baby-Friendly

Read slide.

Slide 32




Slide 32 is titled "Overcoming Barriers" and is labeled "Step 4" in the top right corner. It features a lightbulb icon in the top left. The slide lists two strategies to overcome barriers:


- ◆ Examine guidance from the AAP and ACOG on the importance of avoiding routine mother-baby separation during the first hour of life
- ◆ Undertake a small study that implements immediate postpartum mother-baby contact and track breastfeeding rates

Read slide.

Slide 33

 **Step 4**


Action Plan Development




Read note:

Now, please take out a blank “Action Plan” form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 4. (Allow 10 minutes for group work.)

Slide 34


 **Step 5**

Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants




Read slide.

Slide 35

 **Purpose** Step 5


To assure ongoing assessment, evaluation, and support during the stay



Read slide.

Slide 36

Step 5




Criteria

- ❖ All mothers should receive additional assistance with breastfeeding in the first six hours after birth and throughout their stay
- ❖ Staff should routinely assess mother-baby comfort and effectiveness of feeding and suggest changes as needed

Read slide.


Slide 37

Step 5



Criteria


- ❖ Provide education regarding:
 - Feeding in response to baby cues
 - Methods of expressing breastmilk
- ❖ Mothers of preterm or ill babies should be educated about collecting their milk



Read slide.


Slide 38

Step 5




Common Barriers

- ❖ Inconsistent advice and teaching among staff
- ❖ Limited staff competence in assessing and educating mothers
- ❖ Limited staff time



Read slide.

Slide 39




Step 5

Overcoming Barriers

- ◆ Establish a working group to standardize methods of breastfeeding assessment and teaching
- ◆ Create a team of staff members who are competent and comfortable with breastfeeding assessment and teaching
- ◆ Assign less confident staff to shadow members of the "expert team", eventually swap roles so that learners are observed by "experts"

Read slide.

Slide 40




Step 5

Overcoming Barriers

- ◆ Consider creating a "feeding room" where mothers can come together. This allows staff members to assess and educate multiple mothers at the same time
- ◆ Train peer counselors (women who have been successful at breastfeeding) to make rounds and spend time assessing and educating breastfeeding mothers

Read slide.

Slide 41



Alicia Lewis-Howard was told by family and friends that breastfeeding would hurt and she didn't think she would nurse for more than a month, but ended up breastfeeding for 6 months. She credits the nurses at the hospital with showing her how to properly latch the baby on so breastfeeding was not painful and for educating her on the many benefits of breastfeeding both to herself and her baby

www.heartandson.com

Slide 42

 **Step 5**

Action Plan Development



Read note:


Now, please take out a blank “Action Plan” form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 5. (Allow 10 minutes for this activity.)

Slide 43

 **Step 6**


Give newborn breastfed infants no food or drink other than breast milk, unless medically indicated





Read slide.

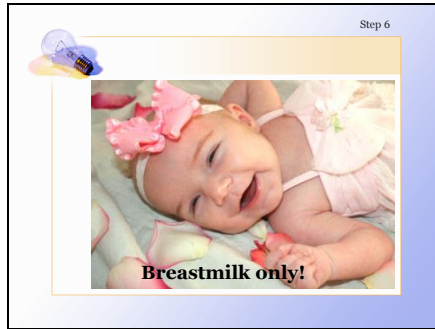
Slide 44

 **Purpose** Step 6

To assure that healthy breastfed babies are not routinely supplemented with any food or drink other than breastmilk, unless medically indicated

Read slide.

Slide 45



Read slide.

Slide 46

Step 6

Criteria

All breastfed infants will be exclusively breastfed except when:

- ◆ Acceptable medical indications exist for supplementation
- ◆ Parents request supplementation after receiving education regarding the possible consequences of supplementation

Read slide.

Slide 47

Step 6

Criteria

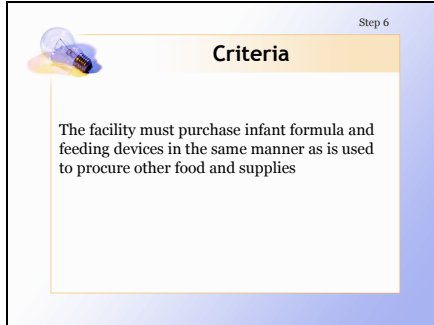
Parents of breastfed infants will receive:

- ◆ No free samples of formula
- ◆ No items bearing formula company names or logos
- ◆ No coupons for formula

Why are hospitals marketing baby formula?
Give the Big One!
Hospitals should market health, and nothing else.

Read slide.

Slide 48



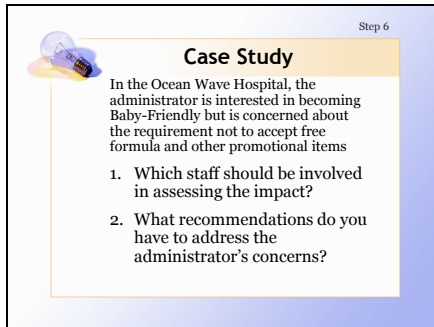
Step 6

Criteria

The facility must purchase infant formula and feeding devices in the same manner as is used to procure other food and supplies

Read slide.

Slide 49



Step 6

Case Study

In the Ocean Wave Hospital, the administrator is interested in becoming Baby-Friendly but is concerned about the requirement not to accept free formula and other promotional items

1. Which staff should be involved in assessing the impact?
2. What recommendations do you have to address the administrator's concerns?

Read note:

In groups, discuss the case study questions. Record the recommendations on flip chart paper. Select someone from your group to report back to the larger group.

Read slide.


Facilitator Instructions:

Give the group 15 – 20 minutes.
Have the groups report back to the large group and post their flip charts around the room.

Ask if any attendees have started to address this step in their facility and if they would be willing to share their experiences.

Slide 50

Step 6



Common Barriers

- ◆ Routine, non-indicated supplementation of breastfed infants
- ◆ Misconception regarding contraindications to breastfeeding
- ◆ Concern that parents will choose another facility if they don't receive a discharge gift
- ◆ Budgetary constraints regarding purchase of formula

Read note:

These are some of the common barriers identified by Baby-Friendly USA.

Read slide.

Slide 51




Read note:

For many hospitals, not accepting free formula is a significant road block to implementing the Baby-Friendly USA Ten Steps. Some hospitals decide to implement the other steps and work on this one last. Roadblocks can be overcome!

Slide 52

Step 6

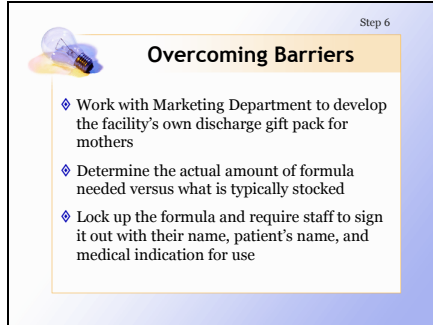


Overcoming Barriers

- ◆ Establish a medical review team to examine recent policy statements on supplementation of breastfed babies
- ◆ Educate staff regarding the limited number of medical contraindications to breastfeeding; as well as the importance of unrestricted mother-baby contact and breastfeeding in building an abundant milk supply

Read slide.

Slide 53



Slide 53 is titled "Overcoming Barriers" and is labeled "Step 6" in the top right corner. It features a lightbulb icon in the top left. The slide contains three bullet points, each preceded by a blue diamond symbol:

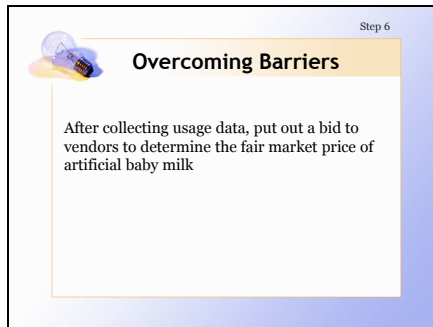
- ◆ Work with Marketing Department to develop the facility's own discharge gift pack for mothers
- ◆ Determine the actual amount of formula needed versus what is typically stocked
- ◆ Lock up the formula and require staff to sign it out with their name, patient's name, and medical indication for use

Read slide.

Read note:

Control systems for medications generally are used to ensure appropriate preparation, dosing, and administration; to track lot numbers; to monitor expiration dates; and to control inventories. The Surgeon General's Call to Action to Support Breastfeeding, 2011, recommends that the same procedures be applied to infant formula used in hospitals in order to support the safety of infants and improve quality of care.

Slide 54



Slide 54 is titled "Overcoming Barriers" and is labeled "Step 6" in the top right corner. It features a lightbulb icon in the top left. The slide contains a single paragraph of text:


After collecting usage data, put out a bid to vendors to determine the fair market price of artificial baby milk

Read slide.


Read note:

What are your questions about implementing Step 6?

Slide 55

 **Step 6**

Action Plan Development



Read note:

Now, please take out a blank “Action Plan” form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 6.

Slide 56

 **Step 7**

Practice “rooming-in” --allow mothers and infants to remain together 24 hours a day



Read slide.

Slide 57

 **Purpose** Step 7



To assure that healthy mothers and babies have ample opportunities for skin-to-skin contact and early learning of baby's feeding cues


Read slide.

Slide 58

Step 7

Criteria

- ◆ Rooming-in should be practiced throughout the facility
- ◆ There should be no routine delays between birth and the initiation of continuous mother-baby contact



Read slide.

Slide 59

Step 7

Criteria

- ◆ Mothers who request separation from their babies should receive information about the rationale for rooming-in
- ◆ Healthy mothers and babies should not be routinely separated during their stay, with the exception of up to one hour daily for any medically necessary procedures


Read slide.

Slide 60

Step 7

Discussion

- ◆ What are your biggest challenges to keeping mothers and babies together?
- ◆ How can the challenges be resolved to facilitate implementation of the policy?



Read slide.

Read note:

Think about how you would respond to the questions on the slide. Select a recorder and reporter for each group. Draw a T-chart on the flip chart paper provided to divide the paper vertically. On one side write the heading “Challenges” and on the other write “Solutions”. List your challenges then discuss and document possible solutions. You will report back to the large group.


Facilitator instructions:
Give 15 minutes for the activity.
Have each group report back to the
large group and post flip charts
around the room.

Slide 61

Step 7

Common Barriers

- ◆ Perception of staff and mothers that sleep quality is improved when mothers and babies are separated
- ◆ Perception that routine separation is necessary for bathing, examinations, observation and other medical procedures



Read slide.

Slide 62


Step 7

Overcoming Barriers

- ◆ Review evidence regarding sleep and mother-baby contact
- ◆ Examine the routine procedures that "require" infant be taken to the nursery

Read slide.


Slide 63



Overcoming Barriers


- ◆ Determine which procedures can be done in the mother's room, thus offering more opportunities for breastfeeding education during assessment
- ◆ Offer staff the opportunity to role play how to respond when mothers request that their baby be taken from their room

Slide 64



Step 7


Action Plan Development



Read note:


Now, please take out a blank "Action Plan" form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 7.

Slide 65



Step 8

Encourage breastfeeding on demand




Read slide.

Slide 66

Step 8

Purpose

To assure that mothers are encouraged to feed their babies in response to the baby's signs of feeding readiness




Read slide.

Slide 67

Step 8

Criteria



All mothers should be educated about the baby's ability to indicate feeding readiness and self-regulate feedings


Read slide.

Slide 68

Step 8

Criteria

Staff should assist families in the process of learning about feeding cues and responding to them




www.cdph.ca.gov

Read slide.

Read note: The California Baby Behavior Campaign, mentioned earlier, has handouts and lesson plans on baby cues. The website is listed in your reference list under Step 8.


Slide 69

Step 8



Criteria


- ◆ Mothers should not be told to feed on any particular schedule, but rather to expect a minimum of 10-12 feedings in 24 hours of no particular pattern or frequency
- ◆ Feedings should not be limited in length



Read slide.


Slide 70

Step 8



Common Barriers


- ◆ Expectations on the part of mothers and staff that feeding should occur on a regular, predictable schedule
- ◆ Lack of knowledge of common feeding cues
- ◆ Lack of adequate mother-baby contact



Read slide.

Slide 71

Step 8




Overcoming Barriers

- ◆ Educate mothers both prenatally and postpartum regarding typical infant feeding cues
- ◆ Educate staff about typical infant feeding cues
- ◆ Offer role play opportunities for staff to respond to parent's questions such as "How often should I feed my baby?"
- ◆ Encourage unrestricted skin-to-skin contact


Read slide.

Read note:
What are your questions about implementing Step 8?

Slide 72

 **Step 8**


Action Plan Development




Read note:

Now, please take out a blank “Action Plan” form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 8.

Slide 73


 **Step 9**

Give no artificial teats or pacifiers




Read slide.

Slide 74

 **Purpose** Step 9

To assure that breastfed babies are not deterred from learning how to suckle at the breast, thereby maximizing their mothers' milk supply




Read slide.

Slide 75

Step 9

Criteria

- ❖ Health care staff should not offer healthy breastfed babies pacifiers or artificial nipples
- ❖ There may be a role for pacifier use in the preterm or ill baby who is not able to suckle at the breast



Read slide.


Slide 76

Step 9

Criteria

When breastfed infants require supplementation, efforts should be made to limit supplementation device to:

- ❖ Cup
- ❖ Tube
- ❖ Syringe



Avoid introducing artificial nipple shapes


Read slide.

Slide 77

Step 9

Common Barriers

- ❖ Cultural expectation that pacifiers are needed to calm babies
- ❖ Staff familiarity with bottles as supplemental feeding devices and discomfort with alternative feeding methods
- ❖ Concern about the safety of cup feeding



Read slide.

Slide 78

Step 9

Overcoming Barriers

- ◆ Examine recent research regarding the impact of bottle, cup and other alternative feeding methods on breastfeeding success rates
- ◆ Review recent research regarding the association of pacifiers and reduced breastfeeding exclusivity and duration
- ◆ Implement skin-to-skin and rooming-in protocols

Read slide.

Read note:

One hospital implemented this step by getting rid of all pacifiers on the unit and not stocking pacifiers. They found that if the pacifiers were not available, they did not use them. If mothers wanted them, they brought in their own.

Slide 79

Step 9

Overcoming Barriers

- ◆ Teach staff, and help staff teach parents, soothing techniques such as skin-to-skin, walking, and rocking babies
- ◆ Offer staff hands-on training regarding alternative supplementation methods

Read slide.

Slide 80

Step 9


Action Plan Development




Read note:

Now, please take out another blank “Action Plan” form. In your groups, discuss and develop at least one action item and fill in the other columns for Step 9.

Slide 81

 **Step 10**



Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center

Read slide.

Read note:

This step is one that many hospitals in California are having difficulty implementing.

Slide 82

 **Purpose** Step 10

To assure that mothers are linked to ongoing breastfeeding support resources such as:

- ♦ WIC Breastfeeding Peer Counselor Programs
- ♦ La Leche League



Read slide.

Slide 83


 **Criteria** Step 10

- ♦ Assess available community breastfeeding support resources
- ♦ Foster the development of breastfeeding support networks




Read slide.

Slide 84

Step 10

Criteria

- ◆ Ensure all mothers receive referral to appropriate resources prior to their discharge
- ◆ Develop individual care plans for the follow-up of mothers and babies who have identified breastfeeding risk factors




Read slide.

Read note:

Many hospitals have developed mother's groups and breastfeeding clinics to provide follow-up.

Slide 85

Step 10

Role Play

In groups with your coworkers

- ◆ Listen to the "mother's" question
- ◆ Discuss and create an answer for the "mother"

Read slide.

Read note:

Here is another chance for you to prepare yourself to respond to concerned mothers. Select a person in your group to play the postpartum mother. The mom will be given an instruction sheet that includes several questions. She will read the questions and the rest of your group will discuss how to address the mother's concerns and then respond.

Facilitators instruction:

Hand each postpartum mother the instructions sheet. Upon completion of the activity, request volunteers to share their responses with the larger group.

Slide 86

Step 10

Common Barriers

- ❖ Lack of awareness of existing resources
- ❖ Lack of proactive resources

Connect with our lactation consultants and support group moms on Facebook!



Read note:
Now, let's look at the barriers covered in the Baby-Friendly USA document.

Read slide.

Slide 87

Step 10

Overcoming Barriers

- ❖ Partner with community breastfeeding resources to create or strengthen regional breastfeeding coalitions
- ❖ Develop and maintain current breastfeeding resource lists and distribute them to mothers
- ❖ Encourage coalitions to conduct needs assessments to identify breastfeeding support needs

Read slide.

Slide 88

Step 10

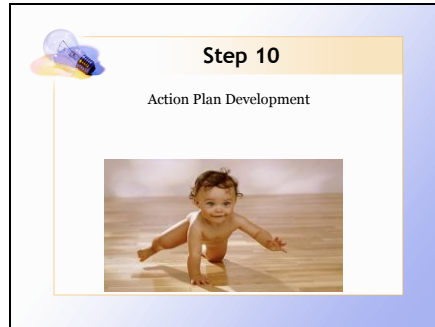
Overcoming Barriers

Strategize how to meet these needs through collaboration with community partners:

- ❖ Invite WIC or La Leche League leaders to hold hospital support groups
- ❖ Utilize follow-up calls to identify if mothers are connected with postpartum resources
- ❖ Establish breastfeeding resources where mothers are likely to be found

Read slide.

Slide 89



Read note:

Take out a blank “Action Plan” form. With your co-workers, discuss and develop at least one action item and fill in the other columns for Step 10.

Read instructions:

Give them a few minutes to complete.

Read note:

You now have an Action Plan that you can take back to your hospital or birth facility to help you get started on each of the Baby-Friendly USA Ten Steps. Again, we recognize that you probably will not start to work on all steps at once, but you will have an action listed when you focus on that Baby-Friendly Step.

Slide 90



Read slide.

Read note:

For those who want to pursue baby-friendly designation, additional information and technical assistance is available from Baby-Friendly USA.

Slide 91

A presentation slide with a light blue background. At the top left is a small graphic of a lightbulb with a checkmark inside. The title "Celebrate Your Successes!" is in bold black text. Below it is a list of three bullet points, each preceded by a blue diamond icon. At the bottom right is a small photo of a beach with the word "SUCCESS" written in the sand.

Celebrate Your Successes!

- ◆ Celebrate the steps and sub-steps that are in line with the Baby-Friendly Ten Steps
- ◆ Visibly reward staff members who make the wins possible
- ◆ Articulate the connection between the new practices and the success of the organization

Read slide.

Slide 92

A presentation slide with a light blue background. At the top left is a small graphic of a lightbulb with a checkmark inside. The title "Conclusion" is in bold black text. Below it is a "Thank you !" message and a paragraph of text. To the right of the text are three small photos: a baby's face, a mother holding a baby, and a baby lying down.

Conclusion

Thank you !

You are making a tremendous contribution to the health of mothers and babies as you join the statewide and national efforts to increase hospital breastfeeding rates

Read slide.

Slide 93



Read note:

It will be great to see more of these billboards in the future!

Before you leave, please complete the evaluation form that is in your handouts. We appreciate your feedback.

Facilitator notes:

Please collect the evaluations before attendees leave. The feedback will help us in developing future trainings.